



Arkansas Secretary of State

Charlie Daniels

State Capitol • Little Rock, Arkansas 72201-1094
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FILE #: _____
FOR OFFICE USE ONLY

**Application for the Registration of
Foreign Limited Liability Limited Partnership
(Please Type or Print)**

Corporations Division
State Capitol Building
Little Rock, Arkansas
72201-1094

1 The name of the Limited Liability Limited Partnership is: _____

2 The principal office in the state of organization is: _____

Street and Number City State ZIP

3 The state/ jurisdiction in which it is registered is: _____

4 The general character of business to be transacted in the State of Arkansas is: _____

5 The name and address of the agent for service of process in the State of Arkansas is:

(Name)

Street and Number City State ZIP

I hereby state that the above-listed limited liability limited partnership is a registered limited liability limited partnership:

Signed _____
(General Partner) (Date)

AFFIDAVIT

Subscribed and sworn to before me, a Notary Public, within and for the county of _____, and

the State of Arkansas this _____ day of _____, _____.

My commission expires: _____ Signature of Notary Public (Please apply seal below)